HIV - where the disaster began - original documents from the AZT Trial 1987 (Burroughs-Wellcome)

Sooner or later we will have to talk about HIV and AIDS again, whether we want to or not. That much is clear. It would be very naive to believe that scientific standards are lacking in virology only since the end of 2019.

We would like to refer to parts of the original documentation of the first drug trial in 1986/87 on the treatment of the *AID syndrome*. The only substance one believed to be effective at the time was AZT (zidovudine), a substance that had been developed for chemotherapy, but which had turned out to be too toxic.

It even found its way into the mainstream media that something was wrong with this trial in 1986/87,

- Alice Parker, "*The Story Behind the First AIDS Drug*", Time, March 19, **2017**, https://time.com/4705809/first-aids-drug-azt/

"But the study remains controversial. Reports surfaced soon after that the results may have been skewed since doctors weren't provided with a standard way of treating the other problems associated with AIDS — pneumonia, diarrhea and other symptoms — which makes determining whether the AZT alone was responsible for the dramatic results nearly impossible. For example, some patients received blood transfusions to help their immune systems; introducing new, healthy blood and immune cells could have helped these patients battle the virus better. ***There were also stories of patients from the 12 centers where the study was conducted pooling their pills, to better the chances that they would get at least some of the drug rather than just placebos.****"*

To understand these documents it is necessary to differentiate mentally again between virus and disease and not to replace mentally every occurrence of the word "HIV" with the word "AIDS" or vice versa. Therefore, on this and the current conditions in virology, the following comments:

It is not enough to praise the presumed success of science and ignore everything that contradicts this picture. Science, yes, please. But only as long as it fits the picture? For 35 years every discussion of the *HIV=AIDS* dogma has been suppressed and every critic has been attacked. All open questions are still open, 35 years later. We had pointed out several times the still open *bystander cell problem*. (In the real *AID syndrome*, only a tiny fraction of the CD4 cells dying are infected with HIV.)

Many COVID-19 critics, ignorant of the current situation in virology, looked around in astonishment beginning of 2020 when the science community, at best, simply ignored them and so-called activists, intensified by the media, responded sometimes with sheer hatred. Most of the critics wonder still today why there is no dialogue when the consensus theory of the zoonotic killer viruses is challenged (leaving aside the nonsense of the lab accident).

The virus madness surrounding SARS-CoV2 and the presumed predecessor pandemics such as MERS, SARS (1), avian flu, swine flu, BSE, etc. can only be understood if one knows the origins of the HIV

mania and idea that a virus leads supposedly 15-20 years after an infection to an immunodeficiency (*slow virus* hypothesis). The virus madness already collapses when PCR is no longer allowed for diagnosis or when the unproven assumption that antibodies against HIV are not effective is abandoned. From this nonsense, the “experts” derived the necessity of a lifelong therapy. There have been intensive efforts, largely unnoticed by the public, to assume the nonsense of the ineffective antibodies also for MERS, SARS(1) and SARS-CoV2.

If the (unproven) hypothesis of the zoonosis of animal coronaviruses and the transmission to humans and the pandemic caused by it is incorrect (let's again leave the laboratory nonsense aside), then the HIV story is also incorrect. The microscopic theory of the zoonosis and the new killer virus, which one claims to have recognized based on its gene sequences, does not match the macroscopic data.

In Germany, the social accident insurance institution of dentists reported only 85(!) suspected cases of COVID-19 in 2020, i.e. before so called “vaccinations” existed. And all dentists were continuously open. The Techniker Krankenkasse (big German health insurance company) admits that COVID-19 played a "*subordinate role*" in 2020. All health insurance companies report that the number of sick leaves was normal in 2020, by trend below that of 2019. The hospital occupancy rate was continuously lower in 2020 than in 2019. When does someone take note of this? Nobody in virology, in Germany or worldwide, sees this as a reason to question the theories.

- *„Statistik der Berufsgenossenschaft - COVID als Berufskrankheit: Kaum Verdachtsfälle unter Zahnärzten*“, BGW, 10.02.**2021**, https://www.zm-online.de/news/gesellschaft/covid-als-berufskrankheit-kaum-verdachtsfaelle-unter-zahnaerzten/

*„Im zahnmedizinischen Sektor wurden hingegen nur **85 Verdachtsfälle** bei rund 240.000 Vollbeschäftigten gemeldet.“*

Translation
[*“Statistics from the social accident insurance institution - COVID as an occupational disease: Hardly any suspected cases among dentists”*

“In the dental sector, on the other hand, only 85 suspected cases of around 240,000 full-time employees were reported."]

- *„Krankenstand in SchleswigHolstein: so niedrig wie seit langem nicht mehr*“, TK, 1.9.**2021**, https://www.tk.de/presse/themen/praevention/gesundheitsstudien/krankenstand-in-sh-2113272?tkcm=ab

*„**Covid-19-Diagnosen spielen eine untergeordnete Rolle** - Die Krankschreibungen aufgrund der Diagnose Covid-19 spielen eine eher untergeordnete Rolle im Vergleich zu den anderen Erkrankungen. Nur 0,06 Fehltage gingen in Schleswig-Holstein im ersten Halbjahr 2021 auf das Konto von COVID-19-Diagnosen.“*
Translation

[“***Covid-19 plays a subordinate role*** *- the sick leave due to the diagnosis Covid-19 plays a subordinate role compared to the other diseases. Throughout Germany TK recorded around 5.3 million sick leaves last year, including 26,833 due to Covid-19.*”]

- BKK Dachverband, „*Statistik - Monatlicher Krankenstand*“, https://www.bkk-dachverband.de/statistik/monatlicher-krankenstand

Translation
[*"BKK umbrella organization, “Statistics – Monthly sick leave.”*]

- Pressemitteilung, „*Beirat diskutiert und verabschiedet Analyse von Prof. Augurzky und Prof. Busse zum Leistungsgeschehen der Krankenhäuser und zur Ausgleichspauschale in der Corona-Krise*“, BMG, 30.04.**2021**, https://www.bundesgesundheitsministerium.de/presse/pressemitteilungen/2021/2-quartal/corona-gutachten-beirat-bmg.html

„Die Mitglieder des Beirats betonten, dass die Pandemie zu keinem Zeitpunkt die stationäre Versorgung an ihre Grenzen gebracht hat.“

Translation
[“*Health ministry, press release, “The advisory board discusses and approves the analysis by Prof. Augurzky and Prof. Busse on the performance of the hospitals and the flat-rate compensation in the corona crisis*”

"The members of the advisory board emphasized that the pandemic never pushed inpatient care to its limits."]

- IQM, „*COVID-19-Pandemie - Datenstand Juni 2021*“, 23. Aug **2021**, https://www.initiative-qualitaetsmedizin.de/covid-19-pandemie

„Im gesamten Jahr 2020 wurden insgesamt 13,8% weniger Patienten im Krankenhaus behandelt als 2019. In den ersten 26 Kalenderwochen des Jahres 2021 blieb die Fallzahl 20,1% hinter dem Vergleichszeitraum 2019 zurück. Auch die Gesamtzahl der SARI-Fälle, Intensivfälle und Beatmungsfälle blieb im Untersuchungszeitraum unter den Zahlen aus 2019.“

Translation
[*“COVID-19 pandemic - data status June 2021”*

“In the whole of 2020, a total of 13.8% fewer patients were treated in hospital than in 2019. In the first 26 calendar weeks of 2021, the number of cases was 20.1% below the comparison period in 2019. The total number of SARI cases, intensive care cases and ventilation cases during the study period also remained below the figures from 2019.”]

The virus madness goes back to 1984 and the *HIV=AIDS* catastrophe. Here, too, the theory must be corrected. But there are about 37 million people who are said to have died of AIDS years after a suspected HIV infection. The vast majority of these medicine victims died after several years of *therapy*. For most of them, the composition of the *therapy* has been changed several times over the years due to the serious side effects. Many of those treated in this way died of severe liver and kidney damages and only about 10% died of one of the around 30 diseases in the *AID Syndrome* catalog. (These are classic diseases that existed before AIDS and that have been regrouped under the label "*AID Syndrome*". The catalog has been expanded several times.)

- Lifson et al, "*Determination of the underlying cause of death in three multicenter international HIV clinical trials*.", HIV Clin Trials. **2008** May-Jun;9(3):177-85, https://www.ncbi.nlm.nih.gov/pubmed/18547904

"*Of 453 deaths reported through January 14, 2008, underlying causes were as follows:* ***10% AIDS-defining diseases****, 21% non-AIDS malignancies, 9% cardiac diseases, 9% liver disease, 8% non-AIDS-defining infections, 5% suicides, 5% other traumatic events/accidents, 4% drug overdoses/acute intoxications, 11% other causes, and 18% unknown.*"

Despite all the contradictions between the macroscopic data and the often mild course of a SARS-CoV2 infection on the one hand and the molecular biological theory on the other hand, no one in international virology sees a reason to question the zoonosis humbug. For both SARS-CoV2 and HIV, one deliberately forgets the reference to the serious previous illnesses and the accompanying circumstances for those who died with a positive test.

The trick has been the same for all pandemics. One starts with populations with heavy pre-existing conditions or intensive care patients (which often coincides) and assigns their death to a virus. The numbers are highly exaggerated. The case fatality rate (CFR), i.e. the case-related proportion of the deceased, is of course high in populations with heavy pre-existing conditions or intensive care patients. The question of causality is not considered, nor are the accompanying or pre-existing illnesses taken into account. In the case of COVID-19 the very high age at death is ignored (median age of the deceased with a positive test in Germany was and still is 84 years).

All side effects of the drugs or therapies (e.g. mechanical ventilation for COVID-19) are of course attributed to the virus. Damages due to side effects of drugs are often referred to as *virus-associated* or *virus-related*, as an expression of the fact that there is no direct connection to the virus and that other connections are not considered. If it is ever questioned, a PCR test with arbitrary high cycle threshold (ct value) is sufficient to assume a causal relationship.

In the case of HIV, it was a population of heavily drug-addicted homosexuals with severe pre-existing conditions who suffered from a variety of infections due to frequent unprotected anal intercourse.

- John Lauritsen, Hank Wilson, "*Death Rush: Poppers and AIDS*", **1986** http://paganpressbooks.com/jpl/POPPERS.HTM

„96-100% of the gay men with AIDS used poppers, usually quite heavily."

See also,

- Pifer et al., "*Borderline immunodeficiency in male homosexuals: is life-style contributory*?", South Med J. **1987** Jun;80(6):687-91, 697, https://www.ncbi.nlm.nih.gov/pubmed/2954211

"Results of our study suggest that white Southern male homosexuals without clinical evidence of AIDS who patronize "gay bars" may have significant zinc deficiency and moderately depressed T-helper/T-suppressor cell ratios. No single causative factor could be identified to explain the significantly low zinc and elevated copper levels measured in whole blood, as well as the depressed OKT4/OKT8 cell ratios. ***Seventy-four percent of the homosexual male subjects were "recreational" drug abusers, 81% used inhalant nitrites routinely, and 41% routinely treated themselves with antibiotics****. **Eighty-one percent practiced active and/or passive penile-oral insertion, and 55.5% practiced both active and passive anal intercourse. Of the latter, 19% reported anal bleeding****. Clinically inapparent, though statistically significant, borderline immunodeficiency and aberrant zinc and copper levels may be a consequence of multiple factors comprising the gay bar life-style**."*

The emaciated persons presented to the public were people after years of intensive drug use. Or in Africa, people suffering from tuberculosis (AIDS defining) or malaria. But all of that was ignored and not considered once one of these catastrophically bad HIV tests showed positive. Then the therapy started. With substances that are so toxic that they cannot cure anyone. These are mainly substance classes that come from chemotherapy. However, they are not used for a short time (approx. 14 days) but for years(!). One does not have to be a medical expert to recognize this as life-threatening nonsense. But it makes a lot of money. E.g. for the medical practices specialized in HIV in Germany.

The RKI (*Robert Koch Institute*, governmental organization responsible for the handling of epidemics), the PEI (*Paul Ehrlich Institute*, governmental organization responsible for the approval of drugs, i.e. vaccinations), Mr. Drosten and his virological community, they all move within the "*scientific consensus*" of the last 35 years. That is why they do not deviate from their positions. To do that, the "*scientific consensus*" must be declared false first. Given the disastrous consequences of this consensus, especially in the case of the deadly "*HIV therapy*", this is not possible.

On the contrary, one would like to continue riding the wave of the assumed zoonotic threat without even clarifying one contradiction. Why should one? It is easier to defame any critic as an anti-semite and a denialist.

- *„Verleihung von Ehrendoktorwürden an Christian Drosten, Gerd Sutter und Lothar H. Wieler*", 27.09.**2021**, https://www.tiho-hannover.de/universitaet/aktuelles-veroeffentlichungen/pressemitteilungen/detail/verleihung-von-ehrendoktorwuerden-an-christian-drosten-gerd-sutter-und-lothar-h-wieler

„One Health steht für die enge Verbindung der Gesundheit von Menschen, Tieren sowie der Umwelt. Zwei Aspekte, die der One-Health-Gedanke umfasst, sind beispielsweise Antibiotikaresistenzen und Infektionskrankheiten, die zwischen Menschen und Tieren übertragen werden können."

Translation

[*"Award of honorary doctorates to Christian Drosten, Gerd Sutter and Lothar H. Wieler"*

"One Health stands for the close connection between the health of people, animals and the environment. Two aspects included in the One Health concept are, for example, antibiotic resistance and infectious diseases that can be transmitted between humans and animals."]

There are undoubtedly innumerable, close connections between the *homo sapiens sapiens* and the rest of nature from which we evolved. But these relationships existed from the start. The close evolutionary biological relationships are the strongest argument against the assumption that there should be a new killer virus of zoonotic origin every 5 to 10 years. There is consequently no evidence for this. One just holds up 2 gene sequences, a viral sequence in humans and one in an animal, and postulates a zoonosis. Since the virus is supposed to be new to humans, it is automatically dangerous, according to the assumption. That is why the zoonosis is so important for the "*consensus theory*". With the minimal excerpt of nature in the gene databases, in most cases it is not even clear whether these sequences actually existed at the same point in time on this planet. For HIV we know that no two person carry the same HIV viral sequence. For this one can quote the HIV (co-)discoverer and Nobel Prize laureate **Françoise Barré-Sinoussi**,

- Barré-Sinoussi et al., "*Expert consensus statement on the science of HIV in the context of criminal law.*", J Int AIDS Soc. **2018** Jul;21(7):e25161, https://www.ncbi.nlm.nih.gov/pubmed/30044059

"Mutations of the virus occur repeatedly so that every person living with HIV has more than one virus variant [154]. During transmission, a limited number of virus variants (one to a few) are transmitted, but these will also mutate to form new variants ***so that no two persons' HIV is identical*** *[155*].

There is no(!) discussion of the question whether it can be the same pathogen in each case, or whether it is, 90 years after the assumed zoonosis from SIV to HIV around 1930 in Africa (almost simultaneously from 3 species of apes and monkeys), the same pathogen. The alternative that HIV is millions of years old but had not yet been discovered was not considered at all. Before 1981 there was no *AID syndrome* and for the new disease a new virus was needed.

Also in the case of SARS-CoV2 the discussion about therapy (here a presumed prophylaxis) replaces the discussion about the underlying assumptions, such as the zoonosis, which continues to be assumed without evidence. The theory of the laboratory virus only serves to spin out the fairy tale of the omniscient science.

Nobody in medicine and related fields, including medical statistics, can remember the simplest statistical facts, such as the difference between the false positive rate and the false detection rate of a test. The PCR high-tech test, which is difficult to interpret, is still misused as a diagnostic tool in everyday medicine. One relies on the tremendous suggestive power of these tests and the "*medical advice*". Hardly any patient is able to emancipate herself from the medical diagnosis and evaluate it neutrally. This also applies to doctors(!), who with the test protocols in hand run after the *treatment guidelines* specified by expert commissions and agreed with the pharmaceutical industry.

With the COVID-19 test hocus-pocus, the medical showmen in their test containers drive people into the alleged prophylaxis. Who knows that specifications or systematic controls of the PCR cycle threshold (ct value) are lacking for almost 3 decades? There are none in industrialized nations and certainly none in developing countries.

It makes sense to speak of intentionally sloppy statistics which intentionally collects and presents data in an imprecise and context-free manner. SARS-CoV2 is not different from the previous fakedemics, including HIV. Where it is useful, modern medicine likes to remain diffuse and imprecise.

Instead, one progresses in the discussion, assuming the theories as correct and dealing with the consequences of the theories. The moral debate on the stigmatization of those affected should be mentioned here in particular. Nobody knows where the killer virus is supposed to have come from. Sick leave is normal, likewise the hospital occupancy, but we discuss the exclusion. Everyone can empathize with this and have a say accordingly. Some show themselves as tough guys, others as cautious reminders, depending on their disposition. That keeps people busy and nobody asks about the enormous contradictions in the theories.

What currently can be observed for COVID-19 was also observable in the early 1980s for HIV and AIDS: the scare tactics in the media, the lack of scientific discussions, the activists, the politicization of the topic, the catastrophically bad tests, the disregard of every scientific standard, the hostility against all critics, the pharma lobby, etc.

But there is one very important difference and that concerns the therapy. Patients with *AID syndrome* in the 1980s were objectively ill. But they were ill without any new virus. All of them were severely drug addicted and suffered from multiple viral and bacterial infections, usually from sexually transmitted diseases. The substances used for therapy were so toxic that they led to similar, sometimes even more severe clinical consequences than the hodgepodge of the around 30 AIDS-defining, classic diseases.

Here, we would like to refer to the original documents on Burroughs-Wellcome's first drug trial on the substance AZT (zidovudine) in 1986/87. AZT was known to be highly toxic and to cause severe side effects. Nevertheless, the circumstances in this attempt defied description. But it formed the basis for the legend of AZT's antiretroviral effectiveness. At the time, this assumed effectiveness was taken by many doctors and scientists, including at the RKI, as evidence for the virus hypothesis. Together with the *HIV=AIDS* dogma, a circular argument was created in which the positive test defines the disease. In the early days, the circular argument was also fed by the serious previous illnesses of those affected, who actually suffered from an immune deficiency (*AID syndrome*). But that had nothing to do with a new virus. Even today, 90% of people measured HIV+ (i.e. no AIDS!) in industrialized countries come from so-called risk groups (drug addicts and MSM, men-having-sex-with-men). The expectations of doctors also play a role here.

Later, the HIV test alone defined the disease and the toxic drugs caused the disease. Objectively, there is no distinction between an effect of a virus and the serious side effects, cf.

- Hart et al. "*Inflammation-Related Morbidity and Mortality Among HIV-Positive Adults: How Extensive Is It?*", J Acquir Immune Defic Syndr. **2018** Jan 1;77(1):1-7, https://www.ncbi.nlm.nih.gov/pubmed/28991883

"Everyone in our investigation was taking suppressive ART. Thus, we can only speculate whether the grade 4 events are due to underlying HIV disease or to ART."

As of 2018.

In 1987, the placebo-controlled trial was discontinued after a few weeks and switched to open use, allegedly for "*ethical reasons*" (analogous to SARS-CoV2). What is not said is, that in the AZT arm (verum) many life-saving blood transfusions were necessary. This compensated for the known severe toxicities of AZT.

As the *site inspection report* from Boston shows (Patricia Spitzig, 1987), people from the placebo arm also received AZT. It was never investigated whether this was the reason why people in the placebo arm also needed blood transfusions. People measured HIV+ do not need blood transfusions in the absence of toxins such as AZT or severe previous illnesses.

After the trial switched to open use, more people either died or needed blood transfusions. Without the life-saving blood transfusions, probably more people would have died in the AZT arm than in the placebo arm. In other words, given the fact that there were at least two variables in this experiment (AZT and blood transfusions), the question arises as to how many of the seriously ill people (from pre-existing conditions) in the placebo arm would have survived if they had the same number of blood transfusions as in the AZT arm? This question has never been considered.

It is worth noting that the results of this study have been divided into two articles: the *good news* article (Fischl et al., 1987) which only reported the "*success*". And the *bad news* article that provided the rest (Richman et al., 1987). Conveniently, the doctors were able to quote the good news article only, on a purely scientific basis.

- Fischl et al., "*The efficacy of azidothymidine (AZT) in the treatment of patients with AIDS and AIDS-related complex. A double-blind, placebo-controlled trial*", N Engl J Med, **1987** Jul 23;317(4):185-91, https://pubmed.ncbi.nlm.nih.gov/3299089/

and

- Richman et al., "*The toxicity of azidothymidine (AZT) in the treatment of patients with AIDS and AIDS-related complex. A double-blind, placebo-controlled trial*", N Engl J Med, **1987** Jul 23;317(4):192-7, https://pubmed.ncbi.nlm.nih.gov/3299090/

*"**Twenty-one percent of AZT recipients and 4 percent of placebo recipients required multiple red-cell transfusions** (P less than 0.001). **Neutropenia (less than 500 cells per cubic millimeter) occurred***

in 16 percent of AZT recipients, as compared with 2 percent of placebo recipients *(P less than 0.001).”*

Neither article contains a reference to how disastrous the trial continued after the switch to open use. It is known that ultimately all those treated with AZT died. This was attributed to the “deadly” virus. Those who metabolized AZT the least, i.e. who excreted it largely unprocessed, survived the longest.

In the following two articles, the circumstances of the first AZT trial were examined in detail at the time.

- John Lauritsen, “*AZT On Trial*”, New York Native (published by Charles Ortleb), 19 October **1987**, https://www.duesberg.com/articles/jltrial.html

- Celia Farber, “*AIDS and the AZT Scandal: SPIN’s 1989 Feature, ‘Sins of Omission’ - The story of AZT, one of the most toxic, expensive, and controversial drugs in the history of medicine*”, Nov **1989**, republished Oct 5, 2015, https://www.spin.com/featured/aids-and-the-azt-scandal-spin-1989-feature-sins-of-omission/

The original documents also show that only about 60% of the participants had a positive HIV test. At that time it was probably not taken very seriously. It also reflects the severe pre-existing conditions of the patients, which was sometimes referred to as "*AID Syndrome related complex*". That was already the case in the work of Gallo et al. (1984). There, the ambitious Robert Gallo claimed to have found HIV to be the cause of AIDS. That was then announced in a press conference.

- Margaret Heckler & Robert Gallo - 1984 Press Conference, https://www.youtube.com/watch?v=k6zd3gdDKG8

Hardly anyone knows today that in the work of Gallo et al. (1984) 70% of adults with Kaposi's sarcoma, an AIDS-defining cancer, did not test positive for HIV, cf.

- Gallo et al., “*Frequent detection and isolation of cytopathic retroviruses (HTLV-III) from patients with AIDS and at risk for AIDS*”, Science. **1984** May 4;224(4648):500-3, https://www.ncbi.nlm.nih.gov/pubmed/6200936

[Table 1. Detection and isolation of HTLV-III from patients with AIDS and pre-AIDS]

Diagnosis*	Number positive for HTLV-III	Number tested	Percent positive
Pre-AIDS	18	21	85.7
Clinically normal mothers of juvenile AIDS patients	3	4	75.0
Juvenile AIDS	3	8	37.5
Adult AIDS with Kaposi's sarcoma	13	43	30.2
Adult AIDS with opportunistic infections	10	21	47.6
Clinically normal homosexual donors	1	22	4.5
Clinically normal heterosexual donors	0	115	0

*With the exception of the normal heterosexual donors and some of the clinically normal mothers of juvenile AIDS patients, all others belong to one of the groups of people identified as being at risk for AIDS (homosexual males, intravenous drug users, Haitian immigrants, heterosexual contacts of members of a group at risk, hemophiliacs treated with pooled blood products, recipients of multiple blood transfusions, and infants born of parents belonging to other groups at risk). Pre-AIDS includes patients with unexplained chronic lymphadenopathy and leukopenia, with an inverted T4 (helper)/T8 (suppressor) lymphocyte ratio. The clinically normal, nonpromiscuous, homosexual subjects are from Washington, D.C., and are believed to be at moderate risk. The clinically normal heterosexual donors include both male and female subjects believed not to be at risk for AIDS.

Here are parts of the original documents on the drug trial **NDA 19-655** (New Drug Application, NDA) on the use of AZT (zidovudine) against the "*AID Syndrome*" or the "*AID Syndrome related com*plex" by Burroughs-Wellcome. For a summary see above, John Lauritsen (1987).

- FDA, "*NDA 19-655 (AZT trial, Burroughs-Wellcome), Statistical Review and Evaluation*", **1987**, https://archive.org/details/nda-19-655-azt-drug-trial-1987

- Patricia Spitzig, "*NDA 19-655 – Site inspection report Massachusetts General Hospital, Boston Mass.*", **1987**, https://archive.org/details/nda-19-665-site-inspection-report-boston-dr.-schooley

- Patricia Spitzig, "*NDA 19-655 – Inspectional observations - Massachusetts General Hospital, Boston Mass.*", **1987**, https://archive.org/details/nda-19-655-report-dr.-spitzig

- FDA, "*Summary Minutes, 31st Meeting, Anti-Infective Drugs Advisory Committee*", Jan 16, **1987**, https://archive.org/details/nda-19-655-meeting-report-anti-infective-drugs-advisory-committe-16.01.1987

- FDA, "*Memorandum of Meeting - AZT: NDA 19-655; NDA 19-656*", Jan 30, **1987**, https://archive.org/details/nda-19-655-meeting-report-30.01.1987

Further information can be found in

- John Lauritsen, „*FDA Documents Show Fraud In AZT Trials*", from the book "The AIDS War", John Lauritsen, **1993**, https://paganpressbooks.com/jpl/FRAUD.PDF

- John Lauritsen, „*Poison By Prescription – The AZT Story*“, Asklepios, **1990**, https://paganpressbooks.com/jpl/POISON.PDF

This experiment from 1986/87 was carried out beyond any scientific standards and those responsible initiated a catastrophe of unimaginable proportions. It is clear that it will take decades before this can be discussed openly. But we will have to start the discussion some time.